PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

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10/728,106

12/03/2003

Filing Date

Application Number

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

First Named Inventor	KADAMBE		
Group Art Unit			
Examiner Name			

Total Number of Pa	ges in This Submissi	ion	Attorney Docket Number	HRL132			
ENCLOSURES (check all that apply)							
Fee Transmittal Form Fee Attached Amendment / Reply After Final Affidavits/declara Extension of Time Require Express Abandonment Final Information Disclosure Since Certified Copy of Priority	est Request Statement	(for an A	g-related Papers to Convert to a nal Application f Attorney, Revocation of Correspondence	After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please identify below):			
Document(s) Response to Missing Pa Incomplete Application Response to Missing Pa Incomplete Application Response to Missing Pa Incomplete Application	arts/ sing Parts	Remarks					
	SIGNATURE	E OF APPLI	CANT, ATTORNEY, OR	AGENT			
Firm or Individual name	CARY TOPE-MCKAY						
Signature							
Date	07/05/2004						
CERTIFICATE OF MAILING							
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date:							
Typed or printed name	CARY TOPE-MCKAY						
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PTO/SB/17 (10-01)

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Complete if Known				
Application Number	10/728,106			
Filing Date	12/03/2003			
First Named Inventor	KADAMBE			
Examiner Name				
Group Art Unit				
Attorney Docket No.	HRL132			

1. BASIC FILING FEE Large Entity Small Entity Fee Fee Fee Fee Fee Fee Fee Fee	METHOD OF PAYMENT	FEE CALCULATION (continued)			
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Applicant claims small entity status 139 130 130 139 130 1	Charge Any Additional Fee Required				
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SUBTOTAL (1) (\$) 770.00 2. EXTRA CLAIM FEES Extra Claims					
2. EXTRA CLAIM FEES Section to revive - unintentional	•	138 1,510 138 1,510 Petition to institute a public use proceeding	i		
Total Claims	SUBTOTAL (1) (\$) 770.00	140 110 240 55 Petition to revive - unavoidable			
Total Claims		141 1,280 241 640 Petition to revive - unintentional			
Total Claims		142 1,280 242 640 Utility issue fee (or reissue)			
Claims Multiple Dependent Large Entity Small Entity Fee Fee Fee Fee Fee Fee Fee Fee Fee Code (\$) 122 130 122 130 Petitions to the Commissioner 123 50 123 50 Processing fee under 37 CFR 1.17(q) 126 180 126 180 Submission of Information Disclosure Stmt 127 138 203 9 Claims in excess of 20 128 129 130 122 130 Petitions to the Commissioner 129 130 120 130 Petitions to the Commissioner 120 130 120 130 Petitions to the Commissioner 123 50 123 50 Processing fee under 37 CFR 1.17(q) 126 180 126 180 Submission of Information Disclosure Stmt 127 138 128 129 129 120 120 120 120 120 120 120 120 120 120	Total Claims 123 -20** = 103 x 18.00 = 1854.00	143 460 243 230 Design issue fee			
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of a design application	and over original patent	169 900 169 900 Request for expedited examination of a design application			
SUBTOTAL (2) (\$)1854.00 Other fee (specify)	SUBTOTAL (2) (\$)1854.00	Other fee (specify)			
**or number previously paid, if greater; For Reissues, see above *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 250.00	00				

Complete (if applicable) SUBMITTED BY Registration No. Telephone Name (Print/Type) CARY TOPE-MCKAY 41,350 310-589-8158 (Attorney/Agent) Signature

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